

**WYOMING DEPARTMENT OF ENVIRONMENTAL QUALITY
WATER AND WASTEWATER OPERATOR CERTIFICATION PROGRAM
CONTRACT OPERATOR FORM**

Contact Information:

First Name: _____ Middle Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Email: _____ Date of Birth: _____

Please check one: _____ Add my name to the online contract operator's list.

_____ Remove my name from the online contract operator's list.

Signature:

I certify under penalty of law that this document was prepared by me and the information submitted is to the best of my knowledge and belief, true, accurate and complete. I am aware that there are penalties for submitting false information.

Date: _____ **Applicant Signature:** _____

Submit the completed form to:

Email to: opcert@wyo.gov

If unable to submit by e-mail:

Fax to: 307-777-6779

Mail to: Operator Certification - Water Quality Division
122 West 25th Street
Herschler Building 4W
Cheyenne, WY 82002